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[X] The fee required for additional claims is calculated below:

	Claims As Amende d		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	17	-	21	=	0	X	\$18.00	=	\$0.00
Independents:	3	-	3	=	0	х	\$86.00	_	\$0.00
First p	resentation	of a	ny Multiple I	Depen	dent Claims:	+	\$290.0 0	=	\$0.00
					CLAIMS	FEE	TOTAL	=	\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

··	
\$110.00	\$0.00
\$420.00	\$0.00
\$950.00	\$0.00
\$1,480.00	\$0.00
\$2,010.00	\$0.00
FEE TOTAL:	\$0.00
\$110.00	\$440.00
FEE TOTAL:	\$440.00
t ½ of above):	\$0.00
TOTAL FEE:	\$440.00
E	\$420.00 \$950.00 \$1,480.00 \$2,010.00 FEE TOTAL: \$110.00 FEE TOTAL:

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$440.00. A duplicate copy of this transmittal is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise

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improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

March 1. 2004

FOLEY & LARDNER LLP

Customer Number: 23620

Telephone: Facsimile:

(858) 847-6722 (858) 792-6773

Barry S. Wilson

Attorney for Applicant Registration No. 39,431